

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
TYPE CLASSIFIER			
FORMALITY REVIEW	LS	857	12/21/01
RESPONSE FORMALITY REVIEW	A	676	07/19/02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	12/21/01
2	12/21/01
3	12/21/01
4	12/21/01
5	12/21/01
6	12/21/01
7	12/21/01
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47	12/21/01
48	12/21/01
49	12/21/01
50	12/21/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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